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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6575 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.567

1	l. į	LACE OF DEATH	Cal	vert	-	MAI	YLAND	2. USUAL RES	DENCE IV	there deceased li	b. COUN	11	ce Sefore	odmission)
)	k	cirior town	m)	reder	URAL C.	LENGTH OF STATE	V IN 16	c. EITY OR	TOWN III	will	Plimits, write	RURAL and	live neare	et town)
4	(	alore	A GO IN	STITUPION (IIF	Mula.	, de lireer oddr	ess)	d. STREET A	DDRESS	welle	Bln	l		IS RESIDENCE ON A FARM?
	-	NAME OF DECEASED Type or print)	-	ant		Middle	is C	aller		4. DATE OF DEATH	Mont	h	Day	1959
	WIDOWEDS DIVORCED May 5, 1895 Birging yrs. Months Days Hours Min													JNDER 24 HRS.
		15 31	ion (Give i		106,4790	of Business of	R INDUSTR	Y THE BIRTHE	SE (State	or fareign countr	y) /	12. CITIZI	5 A	AAT COUNTRY?
		FATHER'S NAME	100 /	Ham.	S. C.	ellen	14. MOTHER'S MAINEN NAME							
	15.	WAS DECEASED E	Nou	y W. 1		IAL SECURITY NO	). 17.1N	PRAINT	12	alle.	Address:	min	Tre.	level.
		PART I. DE	TH WAS C	AUSED BY: E CAUSE (o)	per ting for	(a), (b), and (c).	7	00	ch	mo	n		INTERVAL ON SET AL	D DEATH
		Canditions, if gave rise to imme (a), stating the cause lost.	ony, which	102		/								
0	CERTIFICATION	NOO S	HER SIGNII	the	vive	RIBUTING TO DEA	one	He	Cal	Reda	- /	VEN IN PART	1(o) 19. W PE YES	RFORMED?
		20a. EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH	NTRIBUTU	CZal	DESCRIBE HO	W INJURY OCCL	fes	we.	-	- Doz	<i>t</i>			
	MEDICAL	OND P. m.	-2/	oth, Day, Year		_ Not while	Jogor Jogor	OF INJURY (H	ome, form, bldg., etc.)	20f. City or to	to 1	Pali-	1/1	Med (61aje)
		21. I certify to death resulted									ermined	, Inquiry cause	, ar	nd find that
		ACTUAL SIGNATURE	+1	Na	pu	d		M.D.		AMINER -			DA	TE SIGNED
£.,		EXAMINER'S NAME (Type)				(		DEPUTY A		XAMINER X			t.	11/29
	220	REMOVAL (Specific Burial	ON, 226. D	5/599		NAME OF CEME Cedar Hi				22d. 10CATION Suitl		or county)	(	State)
	23.	F. Ga			Hyatt	ADDRESS	Md.		24a. REC'D	BY REGISTRAR W 3 '59		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MIAJORO BIADRIBADA IN CATA

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours on TO HOSPITAL OR VS A1S (4) 15M 9/SS

S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR IF UNDER 1 OF SET)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. WAS	en)	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years let under lost biphosy) Months Doys Hours  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10. IS RESID  10. IS RESID  10. DATE OF DEATH  9. AGE (In years let under lost biphosy) Months Doys Hours  110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  112. CITIZEN OF WHAT COLOR (Single of the print)  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  116. SOCIAL SECURITY NO. 17. INFORMANT  Address		
d. NAME-OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  11. FATHER'S NAME  12. CITIZEN OF WHAT COLOR OF SET IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address		
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(Type or print)  DEATH  S. SEX  6. COLOR OR RACE  Negro  WIDOWED  DIVORCED  DIVORCED  DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  100. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	NO 🗍	
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  NO SET  NO SE	hor 5	
Mole Negro WIDOWED DIVORCED 10-9-1590 Toy bighory Months Doys Hours  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COMPANY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address		
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	Min.	
13. FATHER'S NAME  Tames Freeland  14. MOTHER'S MAIDEN NAME  Total  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	OUNTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
(Yer no or unknown) (If yes, give war or dotes of service) Emma Freckend Prince Frederi	chi.	
IB. CAUSE OF DEATH [Enter only one couse per line, fos (o), (b), and (c).] INTERVAL BETV	WEEN	
PART I. DEATH WAS CAUSED BY: ONSET AND D	EATH	
33/X DUE TO 10 1 1		
Conditions, if ony, which) (b) Chelical almostrage	10 Thay	
gove rise to immediate	1	
lying couse tost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU PERFORM YES []	UTOPSY MED? NO []	
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  While Not while of work of at work of at work of the p.m.  19 Of work of the p.m.  20 Of work of the p.m	(State)	
21. I certify that I attended the deceased from 6/3, to 6/14, 1957, that I last saw the d		
alive on, 19, and that death occurred at M, from the causes and on the date stated	above	
ACTUAL SIGNATURE M.D. STREET GIVEN STORES (Street, city or lown, stote)  ACTUAL SIGNATURE  M.D. STREET GIVEN CONTROL OF THE STREET GIVEN CONTR	e SIGNE	
PHYSICIAN'S Roberto de Villarrent, M.D.	, , ,	
270 BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)		
REMOVAL (Specify) June 13:59 Umina Hiertura Toring m	11	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		
P.E. Sowell I Prince Fred, DATE JUN 17 '59 arthur S. Kinus		

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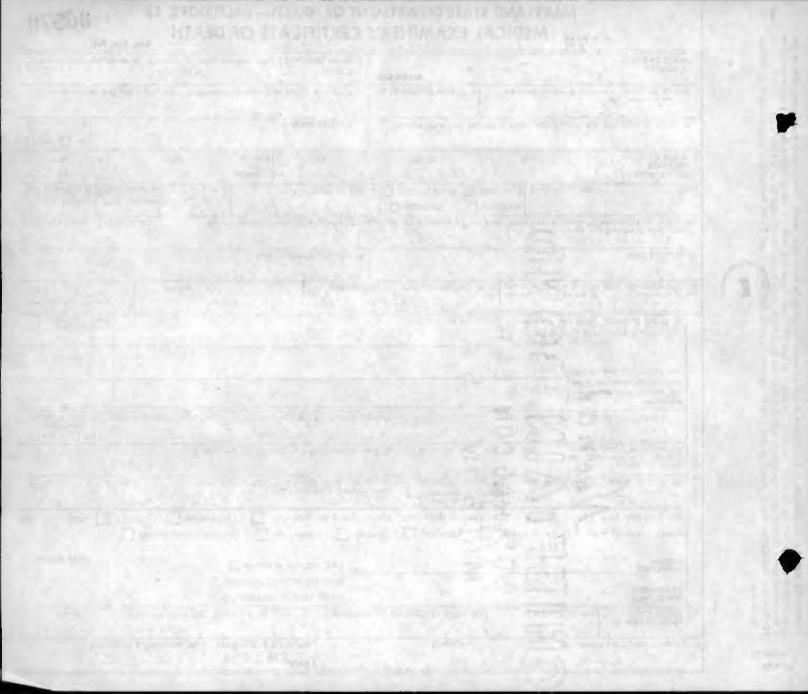
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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
MEDIC	AL EV	A MAINTEDIC C	PRTICICATE	OF DEATH	

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		6578 Item 9 FilmG244 6-30-59 et Reg. Dist. No.										
1	1, [	LACE OF DEATH Calvert MARYLAND	postence before admission									
/	ь	CHY OR TOWN IN outside corporate limits write RURAL C. LENGTH OF STAY IN 16	AL and give nearest town)									
	4	. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address)	/ d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO								
	- 1	DECEASED (Type or print) (Type or print) (SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DIVORCED  OF DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DOWN DISUAL OCCUPATIONS (New kind of wark done 10b. Months)  DIVORCED  11. BRITIPLACE (Stole or foreign country)  12. CITIZEN										
	5. S											
	196											
	13. FATHER'S NAME Dermard Garrited Lucy Learson											
			S. B. Cornichy W.	Bead Md								
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Laline	INTERVAL BETWEEN ONSET AND DEATH								
		782.4 DUE TO Conditions, if any, which) (b)		7								
		gove rise to immediate couse (a), stating the underlying couse lost. (c)										
)	ATION	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE GONDONON GIVEN II	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO								
	CERTIFICATION		nter nature of injury in Port I or Part II af item 18.)	*								
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. BRAG While Not while across of work of work of work of work of the company of	RE OF INJURY (Home, form, 20). (City on sawn) ry, street, office bidg., etc.)	(County)								
		21. I certify that I took charge of the remains described above	ve, held an Autapsy , Inspection , Ir	nquiry , and find that								
		ACTUAL Held lateral	CHEE MEDICAL EVALUATE C	GATE SIGNED								
,		EXAMINER'S H. WARD	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER	6/20/09								
	220.	BURIAL CREMATION, 220 DATE THEREOF 22c. NAME OF CEMETERY OR ( Specify) Jurial June 23, 1959	CREMATORY 22d. JOCATION (City, town, or con	unity] (State)								
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAN CALLED CALLED	S SIGNATURE								
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	N/19 10011									

VS. A15ME(5) 5M 9/55



4 Dente time and age 20,1900 Variation of the contract of the second of th Frances non to me atmo

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, PLACE OF DEATH 2. USUA: RESIDENCE (Where declared lived. If Institution Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND buriol, b. CMY OR TOWN III outside corporate Minits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside scroprote limits/ write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE /d. STREET ADDRESS ON A FARM? Files. YES NO NAME OF 4. DATE First Middle Lost Month Day. Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE MARRIED T AGE (In years last birthday) NEVER MARRIED 1 8. DATE OF BIRTH IFUNDER LYEAR IF UNDER 24 HRS. and 3 to the retained t Months Days Hours Min WIDOWED [ DIVORCED YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHREACE IState of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 10 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 18. CAUSE OF DEATH [Enter only one couse per ling for (b), (b), and (c). INTERVA, BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) along with for buriol-transit 1240 **DUE TO** Conditions, if any, which pencil gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINALDISEASE CONDITION GIVEN IN PART NO. 19 ő WAS AUTORS PERFORMED used 0 should be use 20g. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED (Enter natural of injury in Port 1 PRIMARY | or CONTRIBUTING | MEDICAL Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fogtory, strate), office bldg., etc.) 20c. TIME OF INJURY City or Whi 20f Medicol Page 3 sh Not Whiles at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry , and find that to the Chief / death resulted from: Natural causes ... Accident Suicide Undetermined cause Homicide **ACTUAL** SIGNATURE **DATE SIGNED** CHIEF MEDICAL EXAMINER [ forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER removal EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220 (BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county) (State) REMOVAL (Specify) 0 mil 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

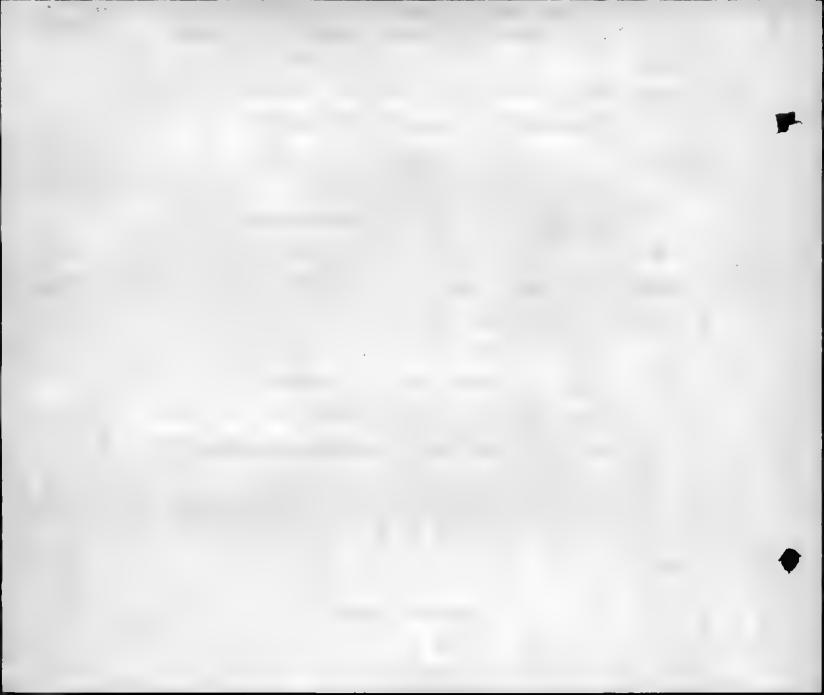
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



06573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6581 cremation Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE Typers deceased lived. If Institution: Mediance before admission a. COUNTY **G. STATE** b. COUNTY MARYLAND b. GIDLOR TOWN Its offside corporate limits, write RURAL e. LENGTH OF STAY IN 15 c. CIPY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 6. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENC ON A FARM YES NO 3. NAME OF First 4. DATE Middle Year Month Day DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER TYFAR IF UNDER 24 HRS Months Hours AAin. Days WIDOWED IT DIVORCED [ yes. 100. USUA (ICCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTED during most of working life, even it stired) M. BIRTHRUACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address sid yes, give wor or dates of services 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (d) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) alang with far burial-transit DUE TO Conditions, if ony, which gove rise to Immediate couse **DUE TO** (a), stating the underlying couse last. FART II. OTHER SIGNATIONT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALTOPSY 00 CERTIFICATION PERFORMED? NO 200. EXTERNA AUSE WAS
PRIMARY DO CONTRIBUTING 
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Part I or Part II of item 18 ) Exami should 20e. PLACE OF INJURY (Home, farm, jactory, street, office pidg., syc.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County)/ (Stote) Not while ot work 🔃 ot work Medic 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that to rd Chief I death resulted from: Natural causes 19 Accident Suicide Homicide Undetérmined cause DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER cute the cert farwarded to TO FUNERAL D ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, fown, of county) (Stota) REMOVAL (Specify) 23. FUNGERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o/REC'D BY REGISTRAR VS. A15ME(5) Cirthur S. Frank JUN 1 8 '59 DATE 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6582 Reg. Dist. No. cremation I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY A b. COUNTY MARYLAND burial, b. CITY OR TOWN III outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Q d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS X ON A FARM? YES NO 3. NAME OF Middle ~ DATE Day Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGEA 8 /DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED PT DIVORCED 100. USUAKOCCUPATION (Give kind of work done 10th KIND OF BUSINESS OR INDUSTRY 12. during most of working life, even if retired) BIRTHELACE (State or Screign country) en. 12. CITIZEN OF WHAT COUNTRY? 2 6 G 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** 9 Canditions, if any, which pencil alang w gove rise la immediate cause DUE TO (a), stating the underlying cause last. pending in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTINUITING TO DEATH BUT NOT REACTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 19. WAS AUTOPSY PERFORMED? 20d. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of intury in Fort J or Port II of item 18.) shauld word Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, form, 20c. TIME OF INJURY (County) (State) foctory, street, affice bldg., et While Not while at work X at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry , and find that to the Chief I death resulted from: Natural causes M Accident Suicide . Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE cute the cerif farwarded to 5 FUNERAL ASSISTANT MEDICAL EXAMINER remava DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER T 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CRIMETERY OR CREMATORY 22d. LOCATION (City fawn, or county) (Stote) SEMOVAL (Specify)

**ADDRESS** 

24a, REC'D BY REGISTRAR

JUN 23

24b. REGISTRAR'S SIGNATURE

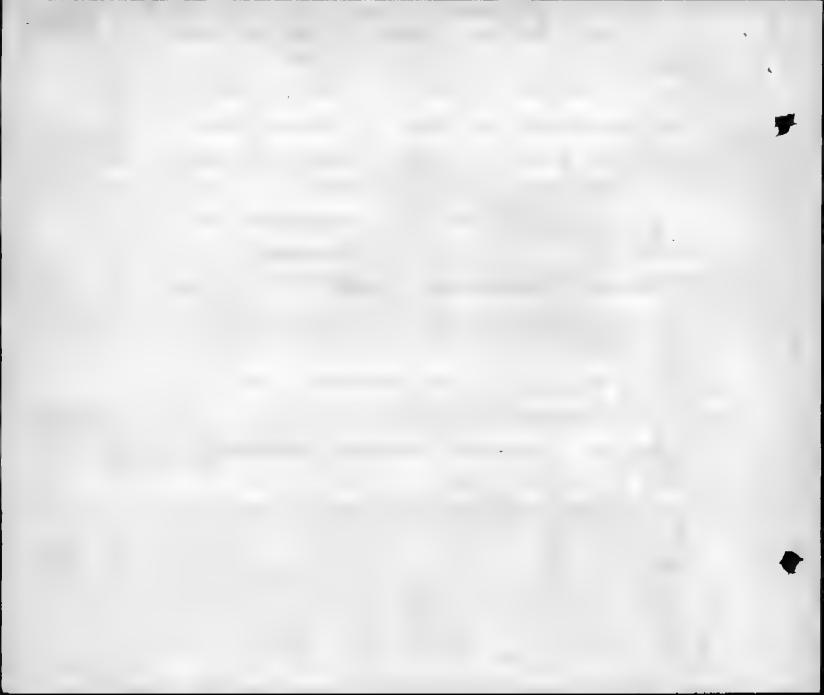
arthur S. Kroue

VS. A15ME(5) 5M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

Melothy



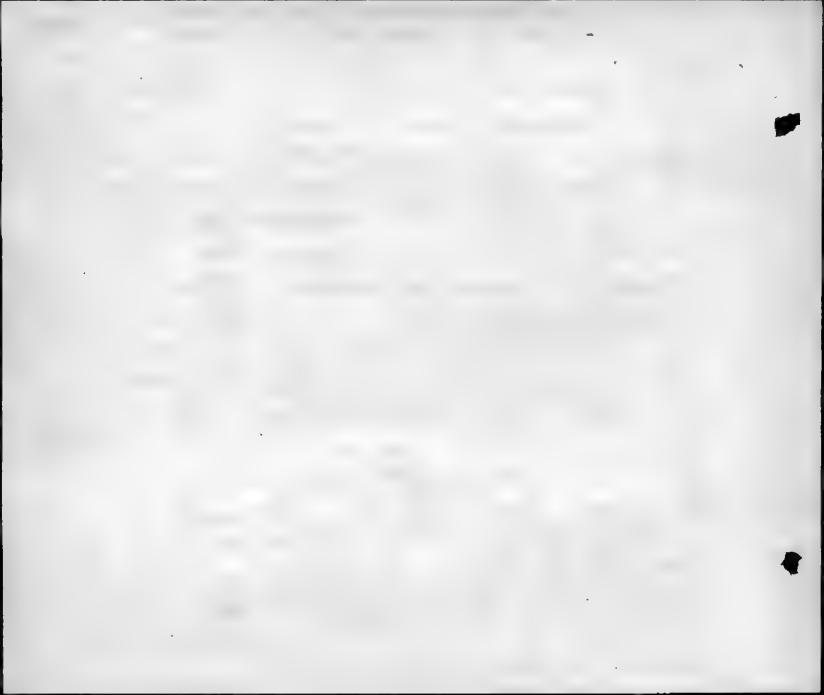
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06575 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6583 essary, please exe-Page 4 shauld be cremotian, Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before oddings PLACE OF DEATH g. STATE b. COUNTY M MARYLAND burial, b. CITY OR TOWN Walnute corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside cocoogne limits, write RURAL and d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE prior ON A FARM? direc files. YES NO retained far your fill 2 with the registrar NAME OF Middle DATE Year OF DEATH 9. AGE (in years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEDAT 18- CLASE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS last bythday) Manihs Days Haum WIDOWED | yrs. 10a. USDAL OCCUPATION (Girls kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired) m 12. CITIZEN OF WHAT COUNTRY? ouo 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME poges 24 hour e Pages Page 5 r WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN B. Give permit. 18. CAUSE OF DEATH [Enter only one cause per The for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH alang with farm I burial-transit per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. ō pending in PART II, OTHER SIGNIFICANT CONDITIONS CONTROUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART HOLD WAS AUTOPS õ CERTIFICATION PERFORMED? vriting the ward "pendin ief Medical Examiner's C R: Page 3 should be used NO [ 200. EXTERNAL CAUSE WAS PRIMARY DI OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJUST OF CURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 50 km 20e. RIACE OF INJURY (Home, form, focus, street, strice bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (State) (Bounty) While Nat while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and find that RECTOR: death resulted from: Natural couses 77 Accident V, Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 2 5 SIGNATURE farwarded I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** H.W. Ward DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 6 - 18 - 59Burlal Arlington Nat'l Cem. Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Robert A. Pumphrey-Bethesda, Maryland Cirthun S. Kraus DATE JUN 1 7 '59 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ssary, please execremation Ŷ. Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution/Soutlance before admission) a. COUNTY o. STATE b. COUNT MARYLAND burial. b. CITY OF TOWN ( c. LENGTH OF STAY IN 16 corporate limits, write RURAN and give represt town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDR o. IS RESIDENCE ON A FARM? registrar prior delay is ral direc YES 🗍 NO 🗷 NAME OF 3. funeral Middle far your DATE Year DECEASED (Type or print) DEATH 19 nd 3 ta the fur retained far 12 with the c 5. SEX 6. COLOR OR MACE NEVER MARRIED 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Pays Min. House WIDOWED [ DIVORCED [ YES, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during nost of working life, aren if retired) 111. BIRTHPLACE (Stope or foreign country) 12 CITIZEN OF WHAT COUNTRY? and a Pa 13. FATHER'S NAME may MOTHER'S MATDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16\_SOCIAL SECURITY NO. yes, give wer or dates of service) Give PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per light for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (6) alang with far burial-transit DUE TO Canditions, if any, which gove rise to immediate couse **DUE TO** (o), stating the underlying couse last. pending" in ner's Office of O ART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 50 CERTIFICATION PERFORMED? used NO [ Examiner's 20g EXTERMAL CAUSE WAS 206. DESCRIBE HOSE INTURY OCCURRED (Enter noture of injury in Part I or Party) of infinite 18.1 å PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should ward Mooth, Day, Year 20d INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY i 20f. (City or town) (County) (State) writing the with the wild the wild to be with the writing the writ betary, street, affice bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and find that ta the Chief I death resulted from: Natural causes [ Accident Suicide Homicide . Undetermined couse **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE formarded to FUNERAL ASSISTANT MEDICAL EXAMINER removal EXAMINER'S H. W. Ward DEPUTY MEDICAL EXAMINER IS 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 22d. LOCATION (City, town, or county) (Stote) 9 6-17-59 Burial Parklawn Cemeterv Rockville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUN 1 6 '59 VS. A15ME(5) arthur & Trava Bethesda, Maryland Robert A. Pumphrev. 5M 9/55

within

DEPUTY



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6585 ssory, please exe-TO DEPUTY Example INDMINE: This certificate shauld In exampted within In hours other death. If any delay is necessary, please execute the certification, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction one 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the registrar priar to buriof, cremation, 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived. If institution Regidence before admission) or removal.

VS. A15ME(5) 5M 9/55

Reg. Dist. No.

06577

	o. COUNTY	No	est	MARYLAND	o. STATE	1	P. CORNER (	-cle.	-1
1	CITY OR TOWN (I and give negreel form	f outside corposerte limit	derle	c. LENGTH OF STAY IN 16	A DITY OR TOWN (III	outside corporale	limite, wite RUR	AL ond give no	Vad
	MAME OF HOSPIT	AL OR INSTITUTION	ON (If not in hasp	ital, give street address)	d. STREET ADDRESS				o, IS RESIDENCE ON A FARM? YES NO
_ ′	NAME OF DECEASED (Type or print)	resto.	First	Middle	Mules	4. DATE OF DEATH	Month	2 Day	7 19.5 G
5. 1	SEX M	6. COLOR OR R	ACE 7. MARRIEI WIDOWED		DATE OF BIRTH	9. AG	E (in years   IFU  Mon	NDER TYEAR	Hours Min.
10c	during most of working	ON Give kind of vong life, even if retine lat	red)	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole	1 1	12	CITIZEN OF	WHAT COUNTRY
13.	FATHER'S NAME	andel	c Pent	er	14. MOTHER'S MAIDEN N	1 12	نط		
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMEI (If you, give wor or do		OCIAL SECURITY NO. 17. IN	FORMANT BLASIE	Raid -	Address Description	ricite.	1 5 'A . C
	18. CAUSE OF DEA PART I. DEA	TH [Enter only one TH WAS CAUSED I IMMEDIATE CAUS	14. 12m	or jo). (b). and (c).]	land of	achino	1 sh	A SINSE	VAL BETWEEN T AND DEATH
1	Conditions, If a gove rise to Imme (a), stating the	diote couse	(b)				- ,		
CATION	couse lost.	7	(c)	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NALDISEASE CON	D TION GIVEN IN	1 PART 1(o) 15	9 WAS AUTOPSY PERFORMER?
CERTIFICA	20g. EXTERMAL CAPPRIMARY ID OF CO	NTRIBUTING 🗆	20b. DESCRIBE	HOW INJURY OCCURRED. (E	iter nature of injury in Port	I or Part II of item	181/ (	1	ES NO ES
MEDICAL	20c. TIME OF INJU	RY Month, Day	Year 20d. It While of wor	Not while 55ct6	E OF IMJURY (Home, form	20f. Kity or tow	luf (	(Cayhili)	(State)
	21. 1 certify to death resulted			Accident . Suice	e, held an Autopsy ide [], Homicide		tion [], In	quiry [],	and find the
	ACTUAL SIGNATURE	46	UW	and _	M.D. CHIEF MEDICAL EX			,	DATE SIGNED
	EXAMINER'S NAME (Type)			·	ASSISTANT MEDICAL E	EXAMINER D		61.	27/57
	(BURIAL) CREMATIC REMOVAL (Specify)	6-3	Co, SC)	22c. NAME OF CEMETERY OR	oneth		City, town, or cou	(Inty)	(Stote)
23.	FUNERAL DIRECTOR	'S SIGNATURE	all in	ADDRESS	240. REC'I	UL 2 59	245. REGISTRAI	'S SIGNATUR	E

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



6586 sory, pleose exe-Reg. Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE econsed lived. If Institution: Residence before admig. COUNTY Q. STATE b. COUNTY MARYLAND OR/TOWN (If outside corporate limits, write RURAL ZITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) C. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give states address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained for your files, and 2 with the registror prior deloy is r YES NO P NAME OF DATE Lost Menth Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR Months Days Hours Min. WIDOWED [ DIVORCED [ 10a. UJUAL OCCUPATION (Give kind of Work done 10b, KIN) during Jost of warking life oven it ferired) OFFEUSINESS OR INDI RY 11. BIRTHPLACE State autoreign 12. CITIZEN OF WHAT COUNTRY? 24 hours after de Poges 1, 2, and 3 age 5 may be reta moy 13. FARHER'S NAS 14-MOTHER & 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN executed within 2 in Item 18. Give Fith form PM3. Pa 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form bed IMMEDIATE CAUSE (a) in Ihem DUE TO olong with a Canditions, if any, which pencil gave rise to immediate cause DUE TO (a), stating the underlying cause last. 0 pending in 0 ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 00 NOT PER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) pluons ward 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, foglogy, street, affice bldg., etc.) Month, Day, Year 20d. INJURY OCCURRED Kity or lawn) (Countil Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry , and find that to the Chief. death resulted from: Natural causes Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BUBIAL, CREMATION, 22h DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town/ or county) (State) ō REMOVAL (Specify) 1 O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S STGNATURE VS. A 15ME(5) DANUN 2 8 '59 arthur S. Thousa 5M 9/55

**EXAMINER: THIS** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116578

06579

											Reg. Di	st. No.	
	ACE OF DEATH COUNTY	Call	et		MAI	RYLAND	2. USUAL RES	IDENCE (WH	nere Deceased	lived. If instit b. COUN	ution Residen	nce before our	nificon)
Ь.	RURAL ond give	e nearest lown	reder	writer c. LE	ENGTH OF STA	Y IN 1b	X ZITY OF	TOWN	buside corpore	aterimits, write	RURAL and	give nearest to	own)
d.	OR INSTITUTED	PITAL (II got in	haspital, give	stretet addres	ulat	7	d. STREET	ADDRESS				10	RESIDENCE N A FARM?
DI	AME OF ECEASED ype or print)	Ulem	First	Max.	2 Wide	10	1	ost	4. DATE OF DEATH	8	onth	100y	Year 19.59
5. SE	M	6. COLOR		MARTIED [	NEVER MAR		B. DATE OF BIR	14/9-	3	AGE (lor year lost by thiday	Months	Days Hou	
10a.	during Tiest of	TION (Give kit	nd of wark do in if retired)	ne 106, KIND	- 1/	OR INDU	STRY 11. BIRTH	PLACE (Slate	fr fareign cau	intry)	12. 511	IZEN OF WH	AT COUNTRY
12/4	None	ay B	W	18 8			14. MOTHER	S MAIDENS	(AME)	Inale	-		
	/AS DECEASED E		RMED FORCE		36-82	10. 17.11	NFORMANT-	ale	mit	Prins	ddress	ederii	hnes
1	PART I. D. 782.4	EATH WAS CA		pe line far	(a), (b) fond (i	d.]	fa	eli				INTERVAL	BETWEEN
	Conditions, if gave rise to couse (a), statin lying couse los	immediate ( ng the <u>under-</u> (	(b)_ DUE TO (c)_										
CATION				TIONS CONTR	HBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAR	T 1(a) 19 WA PER YES	FORMED?
O (	ROG. ACCIDENT Y OR CONTRIBUTION OF EITHER, NOTI	WAS UNDERLY NG CAUSE ( FY MEDICAL E)	OF DEATH KAMINER)	3b. DESCRIBE	HOW INJURY	OCCURRE	D. (Enter noture	of injury in t	Part I or Part I	Il of item 18.)			
MEDICAL	Oc. TIME OF INJ Hour α. π ρ. π	n.	Day, Year 19		OCCURRED Not wirth	20e. PL	ACE OF INJURY ctory, street, offic	(Hame, farm ce bldg., etc.	20f. (City o	or tawn)	(1	County)	(Slate)
	21. I certify olive on	that I atter	anded the d	eceased fr	//	of deoth	occurred of	7		the causes	ond on t	last saw the	
1	HYSICIAN'S HAME (Type)	17.1	11.	MA	RD				/				
1	PURAL CREMAT PEMOVAL (Special JULICA	* Jun	LE 21,1	959	Fre	METERY O	ship		Tr.	cend	ship	1	(COL)
23. FI	WEDAL DIRECTO	rens f	uncia	I Hos	aboress me, (	Two	ings my	24a. REC'I	JUN 2 4		Cirthu	GNATURE 7 & House	A

VS A1S (4) 15M 10/57

